

FORM NO. 10. MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, NO. 1. THE OTHER, NO. 2, etc., in question 8.

(1) PLACE OF BIRTH  
 County of Marlboro  
 Township of Red Hill  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... Sl.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**49916**

Registration District No. 3307 Registered No. 1-3  
 (For use of Local Registrar)

(2) Full Name of Child Esther Lee Carter } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet?       (5) Number in order of birth       (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 19, 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME James Cox  
 (9) PRESENT POSTOFFICE OF FATHER Bennettsville, S.C.  
 (10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 27 (Years)  
 (12) BIRTHPLACE N.C.  
 (13) OCCUPATION Laborer  
 (20) Number of children born to mother, including present birth 1

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Esther Lilly  
 (15) PRESENT POSTOFFICE OF MOTHER Bennettsville  
 (16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 29 (Years)  
 (18) BIRTHPLACE Marlboro  
 (19) OCCUPATION Laborer  
 (21) Number of children of this mother now living, including present birth 1

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***  
 (22) I hereby certify that I attended the birth of this child, who was alive at 6:30 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. Carter (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Bennettsville

Given name added from a supplemental report ..... 191.....  
 Registrar  
 (26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Feb 19 1916 (28) R. S. M. Jones Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.